

BOOK 365 PAGE 114-115  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Martin Milano*  
2003 AUG 29 PM 2:18

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FEE \$ 39<sup>00</sup>

**182430**

APN# 03-514-0103-514-02

Recording Requested by:

Name Martin Milano

Address HC66 Bc1-16

City/State/Zip Beove, NV 89821

Quitclaim Deed

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fees)

This cover page must be typ or printed.

RPTT:  
APN: 03-514-01 & 6-514-02

## QUIT CLAIM DEED

THIS INDENTURE WITNE That the GRANTOR(S): Ethel D. Milano (mother)

for and in consideration of Ten Dollars (\$ 10.00 ) do hereby QUIT CLAIM the right, title and interest, if any, which GRANT may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S): Martin D. Milano (son)

whose street address is (if applicable): \_\_\_\_\_, situate in the City

of Beowawe County of Elko, State of Nevada

bounded and described as follows: (for legal description)

Parcel #'s 003-14-01 and 003-514-02, District 4-0,  
Roll # 002908 and 002909, ~~Block~~ T31N, R49E Sec. 5. Lots 7  
& Beowawe, and T1N, R49E sec 5, Beowawe

Together with all and singular heretament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hunto set my hand/our hands on 8-28-03

Ethel D. Milano  
Signature of Grantor

Martin D. Milano  
Signature of Grantor

Ethel D. Milano  
Print or type name here

Martin D. Milano  
Print or type name here

STATE OF Nevada

COUNTY OF Elko

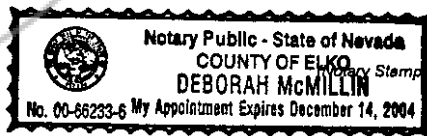
This instrument was acknowledged before me on (date) Aug. 28th 2003

By (person(s) appearing before notary public) Ethel D. Milano & Martin D. Milano

Deborah McMILLIN

Notary Public

My commission expires: Dec. 14, 2003



RECORDING REQUESTED BY AND MAIL TAX STATE TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Martin D. Milano

Address: HE 66-2-16-

City/State/Zip: Beowawe, N. 89821

DED104

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182430

BOOK 365 PAGE 115

# STATE OF NEVDA DECLARATION OF VALUE

## 1. Assessor Parcel Number(s)

- a) 003-514-01  
b) 003-514-02  
c) \_\_\_\_\_  
d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 182430  
Book: 365 Page: 114-115  
Date of Recording: 8/29/03  
Notes: \_\_\_\_\_

## 2. Type of Property:

- |                             |              |  |                 |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Town   | d) <input type="checkbox"/>            | 2-4 Plex        |
| e) <input type="checkbox"/> | Apt. Bldg.   | f) <input type="checkbox"/>            | Comm'l/Ind'l    |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/>            | Mobile Home     |
| i) <input type="checkbox"/> | Other        |  |                 |

## 3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 0

## 4. If Exemption Claimed

- a. Transfer Tax Exemption, per NRS 375.090, Section: 11  
b. Explain Reason for exemption: Transfer from mother to son

## 5. Partial Interest: Percentage being transferred: 100 %

The undersigned declarant acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.090 the Buyer and Seller shall be jointly and severally liable for any additional amount owed

Signature \_\_\_\_\_ Capacity mother to son  
Signature Martin D. Milane Capacity son new owner

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Ethel D. Milane  
Address: 511 Tuna Way  
City: PLC  
State: NV Zip: 89801

## BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Martin D. Milane  
Address: Hill 2-16  
City: Beaumont  
State: NV Zip: 89821

## COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)